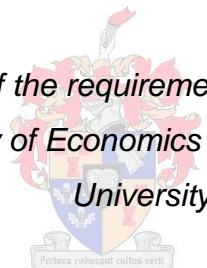


# PEER EDUCATION PROGRAMMES IN SOWETO SCHOOLS: EMPLOYEE PERCEPTIONS, KNOWLEDGE, ATTITUDES AND IMPLEMENTATION CHALLENGES

by

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*Assignment presented in fulfilment of the requirements for the degree of Master of Philosophy (HIV/AIDS Management) in the faculty of Economics and Management Sciences at Stellenbosch University*



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## **Declaration**

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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## **Abstract**

It was the Gauteng Department of Education's noble idea to introduce staff peer education programmes in its institutions in an attempt to mitigate the impact HIV epidemic has on its employees, both school based and office based. Despite the department's rationale behind the introduction of staff peer education programmes in schools its implementation has encountered multiple challenges.

In pursuit for the answers to the research question a qualitative research was conducted. Questionnaires were developed and distributed to fifteen teachers, of which five were trained as peer educators by the Gauteng Department of Education and ten were who were not trained as data collection techniques. The data collection techniques used were designed to assist the researcher to establish what the implementation challenges of the peer education programmes were and also to establish why members of staff in schools were not utilising these programmes.

The findings revealed that peer education programmes were not implemented and also not utilised in some schools if not in all schools in Soweto, the reasons for non-implementation was basically because staff peer educators did not know what their roles and responsibilities entails as far as implementing the staff peer education programmes are concerned. The study also revealed that members of staff at schools' level were not aware of the existence of such programmes within their schools. The issue of trust was another obstacle that came up in the investigation as staff members revealed their unwillingness to discuss their HIV status with peer educators especially because they were colleagues from the same schools.

It was therefore, recommended that staff peer educators be formally introduced to all members of staff and to the schools' community and during their introduction be sworn to secrecy and also be required to pledge publicly before resuming their roles and responsibilities as peer educators. It was further recommended that guidelines be developed for effective and to create uniformity in the implementation of these programmes. Peer education forums were to be established whereby peer educators can meet on regular basis to share ideas on good practices and help each other deal with challenges they encounter when implementing these programmes. Further research on the subject was also recommended and be extended and escalated right up to provincial and national level.

## Opsomming

Dit was die Gauteng Departement van Onderwys se edele idee personeel portuuronderrig in sy instellings in te voer in 'n poging om die impak van MIV-epidemie het op sy werknemers te verminder, beide skoolgebaseerde en kantoor gebaseer is. Ten spyte van die departement se rasionaal agter die bekendstelling van die personeel peer opvoedkundige programme in skole die implementering van verskeie uitdagings teëgekom het.

In die nastrewing van die antwoorde op die navorsingsvraag 'n kwalitatiewe navorsing. Vraelyste is ontwikkel en tot vyftien onderwysers, waarvan vyf as portuuroopvoeders opgelei deur die Gauteng Departement van Onderwys en tien was wat nie as data-insamelingstegnieke opgelei versprei. Die data-insamelingstegnieke gebruik is ontwerp om die navorser te help om vas te stel wat die implementering uitdagings van die peer opvoedkundige programme was en ook om vas te stel waarom lede van die personeel in skole is nie hierdie programme gebruik te maak.

Die bevindinge toon dat eweknie opvoedkundige programme is nie geïmplementeer nie en ook nie aangewend in sommige skole indien nie in alle skole in Soweto, die redes vir nie-implementering was omdat personeel portuuroopvoeders het nie geweet wat hulle rolle en verantwoordelikhede behels so ver as die implementering van die personeel peer opvoedkundige programme betrokke is. Die studie het ook aan die lig gebring dat die lede van die personeel by skole se vlak was nie bewus van die bestaan van sulke programme in hul skole. Die kwessie van die trust is 'n hindernis wat opgekom het in die ondersoek as personeellede geopenbaar hul onwilligheid om hul MIV-status met eweknie-opvoeders te bespreek, veral omdat hulle kollegas van dieselfde skole.

Dit is dus aanbeveel dat personeel portuuroopvoeders formeel bekendgestel aan alle lede van die personeel en die skole se gemeenskap en tydens hul inleiding word tot geheimhouding en ook word vereis om in die openbaar onderneem voordat hul rolle en verantwoordelikhede hervatting as eweknie-opvoeders. Dit is verder aanbeveel dat riglyne vir effektiewe ontwikkel word en eenvormigheid in die implementering van hierdie programme te skep. Portuuronderrig forums was bepaal word wat eweknie-opvoeders kan ontmoet op 'n gereelde basis om idees te deel op goeie praktyke en help mekaar deal met uitdagings wat hulle ondervind wanneer hierdie programme te

implementeer. Verdere navorsing oor die onderwerp is ook aanbeveel en word uitgebrei en toegeneem tot op provinsiale en nasionale vlak.

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## Chapter 1: General Orientation of the Study

### 1.1 Background and Rationale

Since HIV/AIDS are regarded as the leading causes of death in the entire world and the spread thereof has an enormous impact on governments, organizations and communities (World Health Organisation: 1995). HIV/AIDS has therefore become part of the landscape of the contemporary world (Merson, Malley, Serwada & Apisuk: 2008).

Due to the extend in which HIV/AIDS impacts on governments, organisations and communities, intervention strategies had to be developed to mitigate the impact thereof. Therefore, the National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions was introduced as the first intervention strategy in the education sector, which was developed and implemented in 1998 (Department of Basic Education: 2010). This policy was drafted in 1998 and was further gazetted and published in 1999 (Department of Basic Education: 2010).

This policy was implemented as an official intervention strategy to mitigate the impact of HIV/AIDS in all schools in the country, South Africa and centres of further education and was meant to give guidelines in keeping schools safe against the effect of HIV virus and its impact in terms of emotional and physical protection against the virus. It was further implemented to ensure that there is enough and appropriate education on HIV/AIDS and also to ensure that adequate information is available regarding HIV/AIDS to teachers, learners, parents and to the entire community (Department of Basic Education: 2010).

The National Policy on HIV/AIDS also requires that different intervention programmes such as awareness programmes be formulated. Where employees are concerned, the aim of these programmes' is to deal with any barriers that may hamper effective and efficient job performance of employees of the department and to address them, barriers such as chronic diseases including HIV/AIDS, mental health and any other condition. Basically these programmes are meant to make it a point that a healthy workforce is maintained and sustained. Therefore employee wellness programmes refers to any services, activities or resources which are rendered or availed to employees within organisations, which are meant to enhance employee's performance through

proper prevention, identification and resolution of personal burdens and problems that can affect individuals' effectiveness in their respective workplace (Berry, Mirabito & Baun: 2010).

According to Sieberhage, Pienaar & Els (2011) after the discovery of HIV/AIDS, since the 1980's different departments of government have made use of HIV/AIDS employee health and wellness programmes within the workplace as intervention strategies of mitigating the effect and impact of the epidemic, and the Gauteng Department of Education (GDE) was not exempted in doing the same.

Therefore, the Gauteng Department of Education in an effort to respond to HIV/AIDS, it introduced the HIV/AIDS staff peer education programmes that would benefit its school based and office based employees. The purpose of HIV/AIDS staff peer education programmes within schools is to mitigate the impact of HIV/AIDS on all members of staff and the entire school's community through strategic proactive interventions that will ensure continuous support and education for staff members, their families and the entire community.

In all this what is considered as of more importance, is that it is the responsibility of staff peer educators to design and develop coping mechanism that are effective and sustainable in an attempt to assist members of staff to cope with any form of challenges they come across, such as substance abuse or any kind of addiction, any kind of chronic diseases including HIV/AIDS within the school and community.

Peer education programmes entails facilitation and conveyance of different and valuable information to employees. It is used to give employees knowledge of the various modes in which the virus can be transmitted. Peer education programmes also involve dissemination of information about organizational policies, procedures for handling HIV/AIDS cases, employee benefits and accessing help if need arises (Oglethorpe & Gelman: 2007).

Peer education programmes are an effective instrument utilised to contribute towards increasing the skills, knowledge, values and attitudes, promoting resilience, rectifying the influence of the situation, minimising risk behaviour and vulnerability to HIV, enhancing health seeking behaviour and encouraging positive living.

In implementing the staff peer education programmes, early in 2010 the Gauteng Department of Education appointed a service provider to train its employees. Therefore, 240 school based and office based employees were recruited and trained as peer educators. The Gauteng Department of Education trained these peer educators to assist in providing support, education, awareness and prevention programmes on HIV/AIDS to its employees and other stakeholders.

The staff peer education programmes were later launched by the provincial office on 13 December 2010. Although these staff peer education programmes were developed and introduced as an attempt to increase the skills, knowledge, attitudes, values, ensure that employees are not vulnerable to HIV infection and encourage positive living amongst people living with HIV/AIDS, there are challenges that are encountered within the Gauteng Department of Education in its implementation. Unfortunately these staff peer education programmes are not effectively implemented in some of the districts within the Gauteng Department of Education, and in some districts they are not implemented at all.

After the provincial launch of staff peer education programmes, there were no attempts done by some districts to ensure that these programmes are effectively implemented within their schools. This was because there are no clear guidelines in place that informed them of what is expected of the staff peer educators or what their roles and responsibilities entailed, as they are not clearly outlined.

The researcher is employed by the Gauteng Department of Education and she is one of the teachers who were trained as peer educators. She is aware that staff peer education programmes are not utilised by teachers and other staff members within schools and they are not willing to utilise these programmes and furthermore staff peer educators are not aware of their roles and responsibilities in as far as implementing these programmes, as they are not clearly spelled out to them. Furthermore, there are no guidelines in place for effective implementation of staff peer education programmes.

What is of more concern is that despite the fact that these services have been made available, most schools in Soweto are still experiencing the effects of the HIV/AIDS epidemic, as some teachers and other members of staff and their family members fall ill and some dies. The effects and impacts of the HIV epidemic are continually becoming harsher and more widespread (Coombe: 2002). In most

staff rooms of most schools, one or more teachers and other members of staff are either infected or affected with the HIV/AIDS virus (Hall, Altman, Nkomo, Peltzer & Zuma: 2005).

“Even though there are programmes put in place to mitigate the impact of HIV/AIDS, HIV/AIDS continues to disrupt learning and teaching as healthy teachers have to take on extra burden when sick teachers have to be absent or when affected staff members’ family members get ill or die” states the UNAIDS (2002). Teachers still have to carry an extra load in terms of work and emotional burden when their colleagues die, and in turn the entire school suffers because of the loss, sorrow and mourning. Therefore many schools in Soweto are still crippled by the effect and impact of the HIV epidemic on staff, learners and their families.

## **1.2 Research Problem**

The purpose of conducting this research was to assess and establish the reasons for limited or non-utilisation of staff peer education programmes unveiled by the Gauteng Department of Education for its school based and office based employees.

There appeared to be a missing link between the Department’s noble idea and the intended beneficiaries of these programmes, with a resultant drag on effective implementation.

## **1.3 Research Questions**

It is believed that in all the countries in the entire world, South Africa has more people living with HIV/AIDS than any other country and because of that it has been considered as a country which is a prominent concern in terms of health (UNAIDS: 2007). Therefore this study is centred on the following question: What are the factors that hinder the effective implementation of staff peer education programmes in Soweto Schools?

The following sub questions will then beef up the research question:

- i. Are there any guidelines for the implementation of the staff peer education programmes in Gauteng Province?
- ii. Are there any gaps in the implementation of staff peer education programmes for teachers?
- iii. Do teachers know about staff peer education programmes available to them?

- iv. What are the reasons that lead to non-utilisation of staff peer education programmes by teachers?
- v. What are the perceptions of teachers on the implementation of staff peer education programmes in their schools?

#### **1.4 Significance of Study**

The findings of this study will shed more light on how to effectively implement staff peer education programmes and further assist the Gauteng Department of Education in assessing the impact of the awareness campaigns held on HIV/AIDS.

This study was divided into two sections; firstly it was to look at the knowledge of staff peer educators in terms of implementing the staff peer education programmes. As the purpose of training staff peer educators by the Gauteng Department of Education was that they create awareness, through facilitation of workshops which are intended to educate employees on HIV/AIDS and also to facilitate awareness activities and programmes.

These staff peer education programmes were however, never assessed or measured for effectiveness. By investigating the peer educators' level of knowledge on implementing these programmes, the findings will reveal their competency thereof.

Secondly the study was to assess the knowledge of teachers in terms of the existence of school based staff peer education programmes within their schools and further establish their perceptions and their reasons for limited or non-utilisation of these programmes.

The results of the study will therefore assist the Gauteng Department of Education to mainstream and align staff peer education programmes into the core business of the department so that effective intervention strategies are developed in order to address issues that might hamper effective curriculum delivery, issues such as absenteeism, ill health and other ailments and to ensure that school effectiveness in terms of effective teaching and learning are not compromised.

It will furthermore assist the Gauteng Department of Education in planning and redesigning the staff peer education programmes covering a wide range of health and wellness issues affecting employees in the workplace. This will be encouraging and motivating to members of staff and will ensure that staff peer education programmes are driven by a sense of ownership by all members of staff.

## **1.5 Ethical Considerations**

In any research a researcher is governed by the rules and standards of ethics. Ethics in any research are meant to address any issues and conflicts that may occur between the researcher and participants. Ethics are further characterised as good or bad human conduct which includes researchers' actions and values (Gambrill & Pruger: 1997). When conducting research ethical guidelines must be taken into consideration as a form of guarding against the possibility of harmful effects on the research (Mertens: 1998).

As a researcher I will ensure that throughout the study, I adhere to the ethical guidelines that are stipulated for evaluating the researcher's own conduct when conducting research. Furthermore, to display the researcher's integrity and also to ensure trustworthiness and credibility of the data collected, throughout the study the researcher will ensure that ethical principles are always taken into consideration.

### **1.5.1 Informed Consent from Participants.**

The researcher has a responsibility to ensure that participants' permission is obtained and granted before engaging in any form of research. Therefore, permission was granted by all participants and it was indicated by those who chose to partake in the research signing consent forms. It was thoroughly clarified to those who were willing to partake in this study that participation into this research was only on voluntary basis and therefore they have a right to choose not to partake and after choosing to partake they have a right also to withdraw their partaking at any stage of the research without any penalty imposed on them.

Choosing to partake in this research was voluntary and those who chose to partake were informed of such and were further informed of their rights, therefore as much as participants were encouraged to participate they were not at any point forced, deceived, or manipulated into participating or there was

no form of fraud, duress or any form of ulterior constraints or pressure put on participants but their participation was out of their own free will (Grimm & Wozniak: 1990).

Sufficient information was provided to those who chose to partake in the research to enable them to make informed decision in partaking. Although English was used as the language of communication, therefore English was utilised to compile the questionnaires and the consent forms the reason being that all participants of this research were all teachers and the researcher assumed that they were all educated and further assumed that they understood the language used and had good command of the language, and furthermore understood what they were consenting to. Despite that participants' understood English as the language of communication, before they were allowed to sign the consent forms or before making a decision to partake in this research, the aim, purpose and the objective of the study were thoroughly explained to them which means they were well aware of what they were consenting.

They were furthermore given an opportunity to exercise their right of withdrawing their participation if they wish to at any stage of the research whenever they feel like withdrawing. Participants were also awarded a chance to questions whatever they wanted to question and whenever they want to or if there was anything they needed clarity on.

### **1.5.2 Issues of Confidentiality**

As the issue of confidentiality must always be considered in any research, it is therefore always of utmost important and very critical to safeguard and protect participants' privacy at all times. The researcher by the virtue of being a researcher accepts the responsibility of maintaining confidentiality and is also obliged to adhere to the issue of confidentiality. One of the benefits of confidentiality is that it begins to build and continue to maintaining trust and understanding between participants and the researcher.

This then implies that any data that was collected with regards to this research and that poses any possibilities of being identified with people who chose to participate in this study will be kept in a safe and secure place in order to ensure that confidentiality of data is maintained always, the information will only be disclosed through the consent of the participants' and only when the law require disclosure of the information. Confidentiality was maintained by ensuring that there were no names

or personal identifiers that were required in any of the questionnaires. When results were reported, the researcher ensured that sufficient precautions were taken to ensure that when results were reported no information will be linked to the participants or that would make it easier for participants to be recognised or identified and that would make them be victims of victimisation and to be stigmatised.

The information provided will be securely placed and kept all the times. The only people who will have access to the information will be the researcher and her supervisor. As mentioned previously, all questionnaires were anonymous and there were no reference to the participants' name or personal identifiers. Confidentiality and anonymity will be maintained throughout.

In ensuring that information will be kept confidential, the researcher will ensure that the completed questionnaires that contain confidential data are always kept in a locked safe, where only the researcher has access to the information. The researcher will ensure that all the questionnaires containing the information of the participants are kept in her possession and all data collected will be destroyed after successful completion of the thesis, for the purpose of which it was collected. The anticipated period to be kept will be one (1) year after which they will be disposed. The information will be kept for such a period in case the validity and credibility of the results is questionable but even when the results are questioned only the supervisor will have access to the information and nobody else.

The purpose of the study was to comply with the requirements of the completion of a Master of Philosophy degree in HIV/AIDS Management and one of the requirements is that a thesis be published, therefore the data collected, analysed and interpreted in this study was to meet that requirement and only for that purpose. In the writing of the thesis, confidentiality, anonymity, and privacy of participants were maintained at all times.

The data collected will be used for the abovementioned purpose only and will not be used in any way to evaluate the participants' knowledge or the level of implementation of staff peer education at the participants' school or anywhere else.



The researcher will therefore not divulge the information without the participants' permission as individual's information was disclosed in strict confidence and participants' were promised that the information given will be treated in confidential manner.

### **1.5.3 Any Form of Harm to Participants**

The nature of the research is not of personal nature and so is the information collected; therefore the risk of harming the participants was very limited. There were no risks or discomforts to participants by sharing their information with the researcher. This study was strictly confidential, no names were required. A set of questionnaire were provided to all participants to complete. Participants were guaranteed of confidentiality, anonymity and privacy of data and agreeing to respond to the questions on the questionnaires was voluntary. In terms of convenience, the questionnaires were completed at any time that was convenient to the participants.

Though there was no risk involved the researcher had made arrangements with a social worker and a psychologist to intervene in case there was a need to counsel and debrief participants.

### **1.5.4 Participation and Withdrawal**

The participants have a right to choose to partake in this research or refuse to partake. If they choose to partake in this research, they may at any stage of the research choose to withdraw their participation without any penalties or consequences. The participants may also decide not to respond to any questions they feel uncomfortable to respond to and still continue partaking in the research. The researcher also has a right to withdraw any participant from this research if circumstances arise which warranted doing so.

### **1.5.5 Procedure Followed**

When participants agreed or volunteered to partake in this research, the researcher asked the participants to do the following things:

The participants were asked to answer questions on the questionnaires provided. The questionnaires were to be completed during the time that was convenient to participants. After

completion of the questionnaires, the questionnaires were to be emailed or faxed to the researcher or were to be collected from participants' respective schools by the researcher. Confidentiality, anonymity and privacy of data were maintained at all times.

### **1.5.6 Possible Benefits to Participants and to Society**

Although this study may not be beneficial to the participant directly, the information obtained may help enlighten other educators about the existence of staff peer education programmes at their respective schools and the benefits thereof. It will further shed more light on how to effectively implement staff peer education programmes as well as assist the Gauteng Department of Education in assessing the impact of the awareness campaigns held on HIV/AIDS and further assist to align and mainstream staff peer education programmes.

## **1.6 Structure of the Study**

### **Chapter 1: General Orientation of the Study**

This chapter is mostly made up of the research proposal though there were sections that were added to enhance the research. The general orientation of the study in a form of the background and rationale of the study were thoroughly outlined.

### **Chapter 2: Literature Design and Methodology**

It is in this chapter where a comprehensive literature reviews on peer education and how it came to be in South Africa is outlined and highlighted. This chapter also outlines the impact HIV/AIDS has on the education sector.

### **Chapter 3: Research Design and Methodology**

This chapter outlines the research design and methodology used, it further explores the data collection techniques used and the reasons for using such techniques.

### **Chapter 4: Presentation and Interpretation of Results**

The research was conducted in a qualitative scenario, it is therefore in this chapter where results are presented, analysed and interpreted.

## **Chapter 5: Recommendations, Limitations and Conclusion**

It is in this chapter where the researcher comes to the end of the research and gives her recommendations, limitations of the study and concludes the research.

### **1.7 Summary**

The background information in this study was an illustration of the severe impact of the HIV epidemic in South African schools and the country in general and the intervention strategies that the Gauteng Department has put in place. The study focused on how these intervention strategies are implemented, particularly in Soweto Schools. This chapter explored the background and the rationale of the study, problem statement, aim and objectives, research design and methodology, significance of the study and it outlined the structure of the study.

## **Chapter 2: Literature Review**

### **2.1 Introduction**

The highest HIV/AIDS prevalence rates in the sub region are estimated to be in South Africa and this so despite a host of interventions like publicity and preventions strategies and services (Human Sciences Research Council: 2011). The education sector, which has a crucial role to play in making it a point that new HIV infections are prevented in the future, by availing sufficient information on HIV/AIDS and providing education, is also under attack from the HIV epidemic. Bearing in mind that there is a need to recognize the impact of HIV/AIDS on the education system and the need to expand efforts to address issues related to care and support of teachers and learners infected and affected by HIV/AIDS (Attwel and Elder: 2006). The responses and strategies must address the impact HIV/AIDS is having on the quality of education and the education sector in general in the entire country.

### **2.2 HIV Prevalence amongst Teachers**

In the Education Labor Relations Council (ELRC) report, it was found that the prevalence rate of HIV infection among teachers was standing at 12.7% nationally, of which more than 4 000 of those die as a result of HIV/AIDS related diseases and 80% of which are below the age of 45, and which is the majority of the teaching cadre (DoE: 2010). This is derived from the premises that majority of educators are within the age group of 25 and 39 (DoE: 2010).

It was also found that among teachers the prevalence rate of HIV infection was higher than the national average figure which stood at 11% (Hall, et al: 2005). It was said again that the teacher mortality rate in 1997 and 1998 was 7.9% and because of HIV/AIDS rose to 17.9% in 2003 and 2004 (Hall, et al.: 2005). These findings were further supported by the Mobile Task Team (2005) whereby it was found that gross teacher mortality, calculated as the total number of in-service deaths and the number of post service educators who died within one year of resignation, was 14.2%, while the proportion of termination because of medical reasons grew from 4.6% to 8.7 % over the same period.

According to the Department of Basic Education, Draft document (2010) there is a high prevalence rates amongst adults of the age group 25 to 39, the identified age group is the age group that makes up a large portion of the people who are in teaching profession in the country. The Department of Basic Education further raised concerns of the fact that of those prevalence rates, the numbers reflected include the numbers of the young and newly appointed teachers who have just qualified as teachers and have recently entered the education system as qualified teachers which has crippling implications for the HR departments of education whereby mitigation and care becomes critical as they are of significant nature (DoE: 2010).

### **2.3 The Impact of HIV/AIDS on Teachers**

In the study which was commissioned by the ELRC in 2005, it was found that HIV/AIDS related sicknesses had a huge impact on educators. The impact was such that it contributed to the high rate of absenteeism amongst educators and also caused low morale. It was also found that it was bound to lead to higher job mobility as educators were dying or resigning (DoE: 2010).

### **2.4 Teachers Supply and Demand**

It is very obvious and evident that HIV/AIDS is contributing to the impending shortage of teachers in the country. The ELRC, educational supply and demand report (2005), the Framework for Teacher Education and Development document predicted a shortfall of around 15 000 teachers by 2008. Some of the shortfall is attributed to teacher mortality resulting from HIV/AIDS. The ELRC report (2005) confirms that the third largest cause of attrition after contract termination and resignation is HIV mortality.

### **2.5 The Rationale for the Introduction of Staff Peer Education Programmes**

Given the gravity of the HIV/AIDS pandemic on the education sector, staff peer education programmes have been adopted as a vehicle to effect change in attitudes and perceptions among employees in order to reduce HIV infections in the workplace as well reducing stigmatization of people living with HIV/AIDS.

According to the UNESCO as cited in the Department of Basic Education Draft Document (DoE: 2010) the education sector's response to HIV/AIDS has to employ and implement a holistic

approach which will look at the impact of the epidemic and the challenges coming with the epidemic and must also mobilize in order to mitigate the impact of HIV/AIDS. The document further explained that the UNESCO also suggested that the education sector's response to HIV/AIDS must consist of five key components of which one of them is educator training and support (DoE: 2010), hence the introduction of staff peer education programmes.

## **2.6 How Peer Education Programmes came up in Gauteng Province**

Employee assistance programmes (EAP) were introduced during the year 1999 in all departments of the Gauteng Province. These programmes emanated from a directive from the Premier's office (Gauteng Department of Education, GDE: Draft EAP Policy: 2003). The directive came after the then National Minister of the Department of Public Services and Administration (DPSA), Minister Geraldine Fraser-Moleketi advocated the need for the introduction of HIV/AIDS workplace programmes and when she initiated the Impact and Action Project, that was after her realization of the extend in which HIV/AIDS impacts on the public service (DoE: 2010). The aim of the Impact and Action Project was to create a sustainable public service and to ensure that effective and quality service is maintained at all times irrespective of the way in which the HIV/AIDS epidemic was impacting on the public service (DoE: 2010).

The DPSA then developed a policy framework which was a guideline to all Government Departments giving guidance on the minimum requirements of how HIV/AIDS should be effectively manage in the workplace (DPSA: 2004). The guideline was therefore issued to all Government Department which recommended that HIV/AIDS treatment, support programmes and care for people living with HIV/AIDS should form part of a comprehensive EAP and health promotion programmes (DPSA: 2002).

It is through this directive that the employment assistance programmes (EAP) and HIV/AIDS workplace programmes in the Province were then introduced and further developed. HIV/AIDS staff peer education programmes were introduced as one of the HIV/AIDS workplace programmes and which were seen as the initiatives and intervention strategies for mitigating the impact of HIV/AIDS in the education sector in the Gauteng Province.

## **2.7 Definition of Peer Education**

The United State Agency for International Development (USAID) manual (2009) on APHIA Comprehensive Workplace Programmes defines peer education as a process that involves people

who are on the same level and who are from the similar background coming together to learn from each other in an informal way. It further states that peers in the workplace are people who are similar to one another in age, background, job roles, experiences and interests. This is further emphasized by Walker, Reid & Cornell (2004) who defines peer education programmes as programmes that normally involves emotional supporting, teaching and training rendered to a given group of people with the aim of instilling change among members of the same group.

Therefore in this view, a peer educator in the workplace is someone who shares these attributes and is trained to facilitate discussions on HIV/AIDS amongst employees, making him/her the link between the programmes and the target population. Peer education is built upon a theory of behavioral theory, its purpose is to ensure that people make changes in their lives, change in behavior and the changes that are motivated or encouraged by their peers whom they trust because they have implemented changes within their own lives and therefore they are seen as role models and change agents (UNAIDS Horizons/Population Council: 1999).

## **2.8 The Impact and Effectiveness of Peer Education Programmes**

Peer education has been used all over the world to effect positive change among different social groupings and there are some published literature that reveal some evidence of effectiveness in peer education programmes in certain populations and context.

Katzenstein (1998) revealed a 34% reduction in the rate of new HIV infection in 40 factories that participated in HIV workplace programmes. These programmes consisted of peer education programmes component that were run alongside voluntary counseling and testing programmes.

In a similar study of workplace HIV/AIDS prevention and support programmes at a tobacco processing firm in Zimbabwe, studies revealed that 92% of the workers interviewed indicated that their source of information on HIV/AIDS was the workplace based HIV/AIDS prevention programmes at the workplace (Kaseke: 2004)

In the Cooperative for American Remittance to Europe (CARE) a project that was facilitated in Kenya, Community Resource for people under 18 on STDs and HIV (CRUSH), in a research that was conducted the survey results revealed that when compared to a control group of non-participants, the target group of out of school youth aged 12-18 displayed better knowledge and understanding, it was established that after the educational interventional of peer to peer, more

positive attitudes and significant change in behavior towards STIs and HIV prevention was visible (Chege, Avarand & Ngay: 1995).

Despite the challenges faced in implementing peer education programmes in the workplace, it still remains the viable alternative to mitigate the impact of HIV/AIDS in the workplace. UNAIDS (1999) document states that “Peer education is based on the behavioral theory that people do not make changes out of scientific evidence or statistics but more likely to change their behavior if people they know and trust persuade them to do so”

Peer education programmes, other than being participating in nature, are a cost effective option for reducing new HIV infections as they capitalizes on individuals who will encourage their fellow colleagues to consider changing their current high risk behaviors and can rapidly reach a large number of workers.



## Chapter 3: Research Methodology

### 3.1 Research design and Methodology

This chapter will outline the research design used in the research to collect required information. Christensen (2007) refers to research design as, the outline, plan or strategy specifying the procedure to be used in seeking an answer to the research question. The research design within the qualitative approach with the aid of structured questionnaires were utilized to embark on tackling the research question as it was the best suited for this kind of inquiry.

Questionnaires were utilized as data collection instruments because of their ability to can be given to a large group of people, and where respondents would be able to complete them at their own convenience. The time and costs involved in the use of questionnaires is less than that of interviews or of any other method (Brink: 2010). Questionnaires are defined by The New Dictionary of Social Work (cited in De Vos, Strydom, Fouche & Delport: 2002) as a grouped set of questions written on a piece of paper which is developed for the participants to complete in order to answer the research question. Though there are disadvantages in using questionnaire as data collection instrument and some stated disadvantages of questionnaires are such that the participants are most likely to give their own view which might not always be true or valid (De Vos, Strydom, Fouche & Delport: 2002).

Since the primary focus of this research is to get the target populations' views on the reasons for the sluggish response to HIV/AIDS staff peer education programmes in their respective workplaces, it is therefore important to capture their exact words and not numbers in order to come up with an informed position.

The aim of qualitative research is to provide a framework for participants to express themselves freely in their own terms about a set of conditions, which the researcher wants to bring to light, and also other related issues participants want to highlight may be integrated (Mouton and Marais: 1994)

A qualitative research collects non-numerical data and this brings out the views of participants more clearly. To achieve this, semi structured questionnaires were used to enable the participants to answer the research questions. A non-directional hypothesis will be followed since the research does not specify the anticipated direction.

## **3.2 Target Population and Sampling**

### **3.2.1 Target population**

The target population is the entire group of persons that are of interest to the researcher and who meet the criteria, which the researcher is interested in studying (Brink: 2010). The target population in this study was therefore, a group of five teachers from different schools, who have been trained by the Gauteng Department of Education as peer educators and another group of ten teachers who were not trained but who are from the same schools as teachers who were trained as peer educators, which was then one trained peer educator and two other teachers who were not trained from each school. Research was conducted and information collected from five different schools, one special school, two primary schools and two secondary schools for Soweto.

### **3.2.2 Sampling**

Sampling involves selecting a group of people, events, or other elements with which to conduct a study (Burns & Grove: 1997). A random sampling was used and participants were given a period of one month to complete the questionnaires. The sample was drawn from a population of teachers employed by the Gauteng Department of Education and it consisted of five teachers who were from five different schools, who have been trained by the Gauteng Department of Education as peer educators and other ten teachers who were not trained but who were from the same schools as teachers who were trained, which was then one trained peer educator and two other teachers who were not trained from each school. The sampling size was a total of fifteen teachers from five different schools.

## **3.3 Data Collection Techniques**

For the purpose of this study questionnaires were used as data collection technique. A questionnaire is a self-report where the respondent writes his or her answers in response to printed questions on a document (Brink: 2010). Questionnaires were utilised as a technique for collecting data this was mainly because some of its advantages are that it is easy and faster to generate and gather data from a large group of participants and in terms of time and money this method is not costly as compared to other methods as it is not expensive.

Random sampling technique was used and participants were given a questionnaire according to that technique. Each participant was given an anonymous self-reporting questionnaire that contained

both close-ended and open-ended questions and they were further given a chance to express their views on that provided paper. The participants were given a chance to further elaborate on their responses.

Self-reporting questions were designed in such a way that they included biographical details and general knowledge of HIV/AIDS. A set of questionnaires was developed and distributed; some sections of the questionnaire were to be answered by both teachers who were trained as peer educators and those who were not trained as peer educators. Other sections were to be answered by teachers who were not trained as peer educators only and other sections of the questionnaire to be answered by only educators who were trained as peer educators by the Gauteng Department of Education.

For teachers who were not trained as peer educators the questions were used to investigate what their knowledge of staff peer education programmes within their schools were and their perceptions thereof and the reasons that leads to limited or non-utilization of these programmes. For those educators who were trained as peer educators the questions were used to establish their knowledge of implementing these programmes.

For the purpose of this research fifteen questionnaires were developed and distributed. The researcher distributed fifteen questionnaires to the selected participants for this study making use of the random sampling method to do so. Therefore, fifteen questionnaires were distributed to fifteen teachers and all the fifteen questionnaires were returned. Therefore, from those questionnaires the findings on the research were compiled, collected and interpreted.

All the data collected from this study will be safely kept for one (1) year and will be stored in such a way that nobody will have access to it and after which it will be disposed. The research is primarily for academic purposes but the results of the study will be submitted to the Provincial Office of the Gauteng Department of Education as it is a requirement for granting permission to conduct research in public school.

### **3.4 Data Analysis and Interpretation**

After collecting all the questionnaires the responses were quality checked for completeness and to establish if they correctly filled in as required. They were then batched into two groups, one group was of those teachers who were trained and the other group was for those who were not trained.

For this exercise the group of teachers who were trained as peer educators was referred to as Group A and the group of teachers who were not trained was referred to as Group B. this was done so that it could be easy to identify the two groups of teachers.

The responses will further be broken down into respondents' demographic data such as age, gender, marital status, and educational level, type of school and job level, knowledge, attitudes, perceptions and general knowledge.

## **Chapter 4: Analyses of Data and Findings**

### **4.1 Introduction**

A set of questionnaire was developed and used for this research. It was developed for both teachers who were not trained as peer educators and for teachers who were trained as peer educators. The questionnaire was divided into five sections and within those five sections some parts of the sections were meant for both teachers who were trained as peer educators and teachers who were not trained as peer educators. Some parts of the sections were developed only for teachers who were trained as peer educators and some for the other teachers who were not trained as peer educators. The questionnaires helped the researcher to answer the research question. In this chapter the findings are presented in different sections as they appear in their sections in the questionnaire. The questionnaire comprised of many closed questions though there were open-ended questions in this study to ensure that the data presented could be richer.

The questionnaire was divided into five (5) sections, which were further divided into questions that were to be answered by both teachers who trained as peer educators and teachers who were not trained, questions that were only to be answered by teachers who were trained as peer educators and lastly questions that were only to be answered by teachers who were not trained as peer educators.

The section was divided as follows:

Section 1: Biographic Information

Section 2: Knowledge of HIV/AIDS

Section 3: Attitudes

Section 4: Perceptions

Section 5: General Information

### **4.2 Analyses of Data and Findings**

This is how the participants responded to the questionnaire:

The participants were require to tick the most appropriate answer

## Section 1: Biographic Information

This section was answered by both teacher who were trained as peer educators and those who were not trained as peer educators.

### Question 1.1

What is your gender?

Male		Female	
4	26,7%	11	73,3%

Four (26, 7%) of the participants were males and eleven (73, 3%) of them were females.

### Question 1.2

What is your marital status?

Single		Married		Living with partner		Divorced		Widow	
34	26,7%	4	26,7%	3	20%	2	13,3%	2	13,3%

Out of the fifteen participants, four (26, 7%) of the participants were single, another four (26, 7%) were married, three (20%) were living with partners, two (13, 3%) were divorced and the last two (13, 3%) were widows.

### Question 1.3

What is your race?

Black		Coloured		Indian		White	
15	100%	0	0%	0	0%	0	0%

Since the study was conducted in Soweto and this is a black dominated community therefore all the fifteen (100%) participants were blacks.

#### Question 1.4

What is your age range?

20-30		31-40		41-50		51 and above	
0	0%	4	26,7%	8	53,3%	3	20%

Majority of the participants were between the age group of 41-50, this age group accounted for eight (53, 3%) of all participants, there were no participants in the age group of 20-30 as this age group accounted for zero (0%) of participants, in the age group of 31-40 there were four ((26, 7%) participants and three (20%) in the age group 52 and above.

#### Question 1.5

What is your highest educational qualification?

Diploma		Under Graduate Degree		Post Graduate Degree	
3	20%	7	46,7%	5	33,3%

All the participants are teachers who are employed by the Gauteng Department of Education, working in Soweto schools. Of the fifteen participants three (20%) had diplomas as their highest qualification, while seven (47, 7%) of participants which was the majority of participants had under graduate degrees and five (33, 3%) had acquired their post graduate degrees.

#### Question 1.6

What is the nature of your school?

Primary School	Secondary School	Special School
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6	40%	6	40%	3	20%
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Of the fifteen participants, six (40%) participants are employed as primary schools teachers, another six (40%) are employed as secondary schools teachers and last three (20%) as special schools teachers in schools around Soweto.

#### Question 1.7

Were you trained as a peer educator by the Gauteng Department of Education?

YES	5	33,3%	NO	10	66,7%
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Five (33, 3%) of the participants falls within the category of teachers who were trained as peer educators by the Gauteng Department of Education and ten (66, 7%) which was the majority of participants and were teacher who were not trained as peer educators.

## Section 2: Knowledge of HIV/AIDS

#### Question 2.1

There is a difference between HIV/AIDS.

Agree		Strongly agree		Disagree		Strongly disagree	
	6,7%	14	93,3%	0	0%	0	0%

#### Question 2.2

HIV cause AIDS.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	15	100%	0	0%	0	0%



### Question 2.3

There is a cure for HIV/AIDS.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	0	0%	0	0%	15	100%

### Question 2.4

You have adequate knowledge about HIV/AIDS.

Agree		Strongly agree		Disagree		Strongly disagree	
2	13,3%	13	86,7%	0	0%	0	0%

### Question 2.5

You can prevent the spread of HIV by using condoms all the time.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	15	100%	0	0%	0	0%

### Question 2.6

Wearing gloves is essential when assisting a person who is bleeding.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	15	100%	0	0%	0	0%

### Question 2.7

Having sexual intercourse with a virgin can cure HIV/AIDS.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	0	0%	0	0%	15	100%

Question 2.8

You can pass HIV to your unborn child

Agree		Strongly agree		Disagree		Strongly disagree	
4	26,7%	6	40%	5	33,3%	0	0%

Question 2.10

A person infected with HIV/AIDS has poor resistance against diseases and can become sick a lot easier.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	15	100%	0	0%	0	0%

Question 2.11

Women are more infected with HIV/AIDS than men

Agree		Strongly agree		Disagree		Strongly disagree	
6	40%	3	20%	6	40%	0	0%

Question 2.12

HIV/AIDS is not a problem in South Africa.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	0	0%	0	0%	15	100%

Question 2.13

You can become HIV negative when taking antiretroviral treatment.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	0	0%	0	0%	15	100%

Question 2.1 to question 2.13 was about the participant's knowledge of HIV/AIDS and all participants displayed to be well knowledgeable about HIV/AIDS and seem to know and understand issues surrounding HIV/AIDS. Their knowledge was undisputed and it was up to an acceptable standard. Participants displayed thorough knowledge and they were able to distinguish between facts and myths about HIV/AIDS.

**This section was only answered by teachers who were not trained as peer educators.**

Question 2.14

You know what staff peer education programmes are.

Agree		Strongly agree		Disagree		Strongly disagree	
2	20%	1	10%	7	70%	0	0%

Seven (70%) of participants which was the majority of participants indicated that they didn't know what staff peer education programmes were, or what they were all about. Only one (10%) of the participants knew what staff peer education were and understood everything that has to do with the programmes and two (20%) of the participants indicated that they knew staff peer education programmes though they did not seem to have thorough knowledge of the programmes.

Question 2.15

You are aware of staff peer education programmes in your school.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	0	0%	0	0%	10	100%

The research shows that ten (100%) of participants were not aware that there are staff peer education programmes in their schools. This is an indication that these programmes are neither utilised nor are effectively implemented in their schools. The participant's responds also indicated the reasons why peer education programmes were not utilised. The researcher could establish that staff peer education programmes were not utilised because teachers don't know about the programmes or teachers are not even aware of the existence of such programmes within their schools.

### Question 2.16

You know who the staff peer educator in your school is.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	0	0%	0	0%	10	100%

From the research it was revealed that teachers did not know who staff peer educators are within their schools as ten (100%) of the participants were not even aware that there were staff peer educators in their schools. Because teachers didn't know who staff peer educators are in their schools this was another indication that the peer education programmes are not utilised or implemented.

## Section 3: Attitudes

**This section was answered by both teacher who were trained as peer educators and those who were not trained.**

### Question 3.1

It is important to disclose your HIV status to someone.

Agree		Strongly agree		Disagree		Strongly disagree	
3	20%	12	80%	0	0%	0	0%

### Question 3.2

It is important for people living with HIV to tell their sexual partner of their HIV status.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	15	100%	0	0%	0	0%

### Question 3.3

It is important to have one sexual partner.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	13	86,7%	2	13,3%	0	0%

### Question 3.4

People who spread HIV knowingly should be charged with criminal offence.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	15	100%	0	0%	0	0%

### Question 3.5

HIV awareness campaigns are important in preventing the spread of HIV/ AIDS.

Agree		Strongly agree		Disagree		Strongly disagree	
3	20%	12	80%	0	0%	0	0%

### Question 3.6

Antiretroviral treatment must be taken your whole life.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	15	100%	0	0%	0	0%

Question 3.1 to 3.6 was used to establish the participant's attitudes towards HIV/AIDS and the research indicated that the participants' had a positive attitude towards the epidemic.

### Question 3.7

I can discuss my HIV/AIDS status with a staff peer educator.

Agree		Strongly agree		Disagree		Strongly disagree	
1	6,7%	6	40%	8	53,3%	0	0%

The research indicated that eight (53, 3%) of participants were not eager to discuss their HIV/AIDS status with the staff peer educator, six (40%) strongly believed that they can discuss the HIV/AIDS status with the staff peer educator while the last one (6, 7%) just agreed that they can discuss their HIV/AIDS status with the staff peer educator. This is an indication that teachers don't have confidence in peer educators and they might not even understand what their roles and responsibilities entails. This might also be because they don't trust that peer educators can keep what they would have discussed with them in strict confidence.

### Question 3.8

I think the staff peer educator should plan all HIV/AIDS awareness activities and tell us what to do.

Agree		Strongly agree		Disagree		Strongly disagree	
4	26,7%	9	60%	2	13,3%	0	0%

Majority of participants which was nine (60%) of participants strongly agreed that staff peer educators should plan all HIV/AIDS awareness activities and only tell them what to do regarding the planning of activities and four (26, 7%) of participants also agreed to that statement. Only two (13, 3%) disagreed with the statement of staff peer educators planning all activities and only telling them of what to do to help.

### Question 3.9

The staff peer educator is doing a good job in coordinating the HIV/AIDS awareness programmes.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	0	0%	0	0%	15	100%

Considering the fact that teachers don't know who the staff peer educator is in their schools and are not even aware of the existence of staff peer education programmes within their schools. Also taking

into account the fact that peer education programmes are neither conducted nor implemented, in fact they are non-existent within their schools, it is a clear indication that peer educators are not coordinating any HIV/AIDS awareness programmes hence all fifteen (100%) of participants strongly disagreed with the above statement. Even peer educators themselves strongly disagree with the above statement clearly indicating that they don't coordinate the HIV/AIDS awareness programmes in their respective schools.

## Section 4: Perceptions

### Question 4.1

HIV/AIDS are a disease associated with sexual intercourse.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	15	100%	0	0%	0	0%

The research indicated that fifteen (100%) of participants perceived HIV/AIDS as related to sexual intercourse, this is out the fact that 100% of participant strongly agreed that HIV/AIDS is a disease associated with sexual intercourse. HIV/AIDS is a disease which is mostly transmitted in heterosexual relationships more than any other ways of transmissions (UNAIDS: 2005, Kaiser Family Foundation: 2004), hence HIV/AIDS is associated with sexual intercourse.

### Question 4.2

Abstinence is the precaution to take in order not to get infected with HIV.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	15	100%	0	0%	0	0%

Fifteen (100%) of participants strongly agreed that in order not to get infected with HIV it is important to abstain from engaging in sexual activities as this is one of the precautionary measures against getting infected with the HIV infection. This is because according to Tolli (2012) abstinence is one the A, B, C precautionary measures against HIV/AIDS, which are Abstinence, Be faithful to one partner and Condomise.

## Question 4.3

Condoms make sex less enjoyable.

Agree		Strongly agree		Disagree		Strongly disagree	
1	6,7%	0	0%	2	13,3%	12	80%

Twelve (80%) of participants strongly disagree with the statement that condoms makes sex less enjoyable, two (13, 3%) disagree with the above statements and one (6, 7%) agrees with the statement.

## Question 4.4

HIV/AIDS are going to be a serious threat to the human race in the future.

Agree		Strongly agree		Disagree		Strongly disagree	
4	26,7%	8	53,3%	2	13,3%	1	6,7%

Out of the fifteen participants eight (53, 3%) of participants strongly agree that HIV/AIDS are going to be a serious threat to the human race in the future when four (26, 7%) just agree to the above statement, one (6, 7%) strongly disagree that in the future HIV/AIDS are going to remain a serious threat to the humans and lastly two (13, 3%) disagree with the statement.

## Question 4.5

Modern treatment has transformed HIV into a manageable infection.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	15	100%	0	0%	0	0%

All fifteen (100%) of the participants strongly agree that modern treatment has transformed HIV into a manageable infection, it is the researcher's assumption that all participants understand the impact and effect ART's has on the lives of people living with HIV. They also understand and know how the



ARV's have transformed the lives of people living with HIV and the fact that they have transformed HIV into a manageable infection as well as reduced the infectiousness of HIV to be a manageable infection (Leynaert, Downs, de Vincenzi: 1998).

#### Question 4.6

Younger people are more vulnerable to HIV infection than adults over 50 years.

Agree		Strongly agree		Disagree		Strongly disagree	
2	13,3%	9	60%	3	20%	1	6,7%

According to UNAIDS (2005), the majority numbers of people estimated to be living with HIV/AIDS in the sub-Saharan region were found to be in the age group between 15 – 49 years of age. The researcher assumes that it is on that premises that majority of participants think that adult people over the age of 50 are not vulnerable to HIV infection as compared to younger people under the age group of 49 who according to participants are more vulnerable to the infection. This because the research revealed that nine (60%) of participants strongly agree to the above statement, while two (13, 3%) agrees with the above statement, when only three (20%) disagree and one (6, 7%) strongly disagree to the above statement.

#### Question 4.7

People from poor communities are at higher risk of being infected with HIV than those in well to do communities.

Agree		Strongly agree		Disagree		Strongly disagree	
3	20%	1	6,7%	4	26,7%	7	46,7%

One (6, 7%) of participants strongly agreed that people from poor communities are at higher risk of being infected with HIV than those in well to do communities, while three (20%) just agreed. Majority of participants which was seven (46, 6%) strongly disagree that people from poor communities are at higher risk of being infected with HIV than those in well to do communities and four (26, 7%) just disagree to the above statement.

#### Question 4.8

Educated people are not at risk of contracting HIV as compared uneducated people.

Agree		Strongly agree		Disagree		Strongly disagree	
1	6,7%	0	0%	1	6,7%	13	86,7%

Majority of participants strongly disagree to the fact that educated people are not at risk of contracting HIV as compared uneducated people. The researcher is basing this on the fact that thirteen which is 86, 7% of all participants have strongly agreed to the statement when one which 6, 7% just agreed. The remaining one which 6, 7% of participants agree that educated people are not at risk of contracting HIV as compared uneducated people.

#### Question 4.9

HIV/AIDS is a private matter; I do not discuss it with anyone.

Agree		Strongly agree		Disagree		Strongly disagree	
2	13,3%	2	13,3%	4	26,7	7	46,7%

Of the fifteen participants, seven which is 46, 7% of participants strongly disagree to the above statement and four of them which is 26, 7% just disagree. Whereas two of the participants which is 13, 3% strongly believe that HIV/AIDS is a private matter and it cannot be discussed with anyone and the other two (13, 3%) just agrees to that too.

#### Question 4.10

Peer education is a cost effective and powerful tool in the fight against HIV/AIDS.

Agree		Strongly agree		Disagree		Strongly disagree	
4	26,7%	6	40%	3	20%	2	13,3%

Six (40%) of participants strongly agreed and four (26 7%) agreed that peer education is a cost effective and powerful tool in the fight against HIV/AIDS, while two (13, 3%) strongly disagreed and another three (20%) disagreed that peer education is a cost effective and powerful tool in the fight against HIV/AIDS.

#### Question 4.11

I think peer education programmes are just a waste of time.

Agree		Strongly agree		Disagree		Strongly disagree	
2	13,3%	3	20%	4	26,7%	6	40%

Six (40%) of participants strongly disagreed that peer education programmes are just a waste of time and four (26, 7%) disagrees. Three (20%) strongly agreed that peer education programmes are just a waste of time and two (13, 3%) agreed.

#### Question 4.12

Peer education programmes have helped to reduce the rates of new infections.

Agree		Strongly agree		Disagree		Strongly disagree	
6	40%	5	33,3%	2	13,3%	2	13,3 %

In responding to the above question, six (40%) of the participants which was the majority agree to the statement when five (33, 3%) strongly agreed to the statement. Two (13, 3%) of the participants disagreed to the statement and the last two (13, 3%) strongly disagreed to the statement.

#### Question 4.13

A peer educator is my colleague therefore discussing with him/her anything about my private life it's like telling the whole world my life.

Agree		Strongly agree		Disagree		Strongly disagree	
3	20%	7	46,7%	3	20%	2	13,3%

Although this question is almost similar to question 4.9 which states that HIV/AIDS is a private matter; I do not discuss it with anyone and the responds thereof were as follows:

Agree		Strongly agree		Disagree		Strongly disagree	
2	13,3%	2	13,3%	4	26,7	7	46,7%

It is clear in these two responses that the participants preferred to discuss their HIV/AIDS status with any other persons but not their colleagues. This is because in their responses in question 4.10, majority of the participants strongly disagreed that HIV/AIDS is a private matter and they do not discuss it with anyone but their response to question 4.13 are contrary to those of question 4.9. The responses to the two questions are contrary because in the first statement, question 4.9 majority of participants strongly disagree that HIV/AIDS is a private matter and it cannot be discussed. On question 4.13, majority strongly agreed that they will not discuss their private lives with their colleagues and peer educators are their colleagues. The responses for question 4.13 are as follows: seven of the participants which is 46, 7% strongly agree that a peer educator is their colleague there discussing with them their private life is telling the whole world their lives and three for the (20%) also agrees to that, two of the participants (13,3%) strongly disagrees and three(20%) disagrees.

**This section was answered only by teachers who were trained as peer educators.**

#### Question 4.14

My colleagues know what peer education programmes are.

Agree		Strongly agree		Disagree		Strongly disagree		Not sure	
1	20%	0	0%	1	20%	1	20%	2	40%

On the above statement two (40%) of the participants were not sure if their colleagues know what peer education programmes are, one (20%) of the participants strongly disagree that their

colleagues know what peer education programmes are and another one (20%) just disagreed and the last one (20%) agree that their colleagues know what peer education programmes are.

#### Question 4.15

Do you ever meet with other peer educators to discuss HIV/AIDS programme related issues?

Yes	0	0%	No	5	100%
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All the 5 (100%) said that they do not meet with other peer educators to discuss HIV/AIDS programme related issues. Which simply implies that every peer educator have to find their way in implementing the programmes.

#### Question 4.16

How often do you meet with the district HIV/AIDS coordinators to discuss HIV/AIDS programme related issues?

Once a week		Once a month		Once a quarter		Once a year		Not at all	
0	0%	0	0%	0	0%	0	0%	5	100%

It is also obvious that peer educators don't meet with district coordinators to discuss HIV/AIDS programme related issues as five (100%) of peer educators responded to this statement by a not at all response. Which is a clear indication to say peer educators don't receive any support from the district HIV/AIDS coordinators.

#### Question 4.17

Have you been engaged in community outreach activities in the last 12months or at any other time?

Yes	0	0%	No	5	100%
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Five (100%) of participants said they have never been engaged in community outreach activities in the last twelve months or in any other time.

#### Question 4.18

The training I received prepared me well for the position of a peer educator.

Agree		Strongly agree		Disagree		Strongly disagree	
2	40%	1	20%	2	40%	0	0%

There are discrepancies in the above statement as two (40%) of peer educators just agreed to have been prepared well for their position as peer educators, one (20%) strongly agree that during the training they were trained well in such a way that they are ready to resume their duties as peer educators and the last two (40%) disagree that they are not ready to resume their duties as peer educators this because the training they received did not train them well and therefore they don't feel confident in their roles as peer educators.

#### Question 4.19

I always know about what I have to do as a staff peer educator.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	0	0%	0	0%	5	100%

Staff peer educators seems not to know what they are supposed to do as peer educators this is because five (100%) of participants indicated that they strongly disagree with the statement that says, they always know about what they have do as staff peer educators.

#### Question 4.20

I feel well supported by management, district officials and the head office as staff peer educator.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	0	0%	0	0%	5	100%

According to the participants they are not supported by management, district officials and head office as staff peer educators, this was established when five (100%) of participants strongly disagreed with the above statement.

#### Question 4.21

I do get sufficient support and guidance from the district HIV/AIDS coordinator and head office in conducting peer education programmes.

Agree		Strongly agree		Disagree		Strongly disagree	
0	0%	0	0%	0	0%	5	100%

Five (100%) of the participants strongly disagree that they get sufficient support from the district HIV/AIDS coordinator.

### Section 5: General Information

**These questions were answered only by teachers who were trained as peer educators.**

#### Question 5.1

Why did you become a peer educator?

- 40% of teachers were passionate about the issues of HIV/AIDS and wanted to add value and contributing in changing behaviour.
- 20% of teachers were chosen by staff members to attend the workshop when another 40% were instructed either by the principal, deputy principal or HOD to attend the workshop. They didn't even know what the training was all about but were just chosen to attend a workshop they did not know that the workshop was training for peer educators, although after the training they understood the concept of peer education and they are now willing to contribute to their schools and communities in addressing HIV/AIDS.

#### Question 5.2

How were you elected to be a peer educator?

- 40% of the teachers volunteered
- 20% were democratically elected by staff in a general staff meeting to attend a workshop though the invitation did not clearly indicate that it was training for peer educators. The invitation just mentioned a workshop on HIV/AIDS and the other
- 40% were instructed by management to attend a workshop and they did not even know what the workshop was all about.

### Question 5.3

What kind of support would you want to be given to effectively implement the peer education programmes?

- Most participants wanted management to include these programmes into the whole school planning.
- Participants also wanted management to encourage staff to attend these programmes.
- Other participants wanted to be supported with resource to enable them to implement these programmes.

### Question 5.4

Which information would you give to someone who is HIV positive regarding HIV/AIDS?

- Information on healthy lifestyle and positive living were amongst the information to be given to people living with HIV/AIDS.
- The importance of taking medication as prescribed and adhering to the times of taking the medication

### Question 5.5

What type of challenges do you experience in implementing the peer education programme?

- Majority of participants expressed time as one of the challenges they experience in implementing peer education programmes. They said that they didn't have sufficient time to enable them to implement the programmes.
- They also indicate lack of knowledge what to do exactly to effectively implement the programmes. There are no guidelines guiding them to implement the programmes.



- Lack of resources was one of the challenges mentioned as a challenge in implementing peer education programmes.

**These questions were answered only by teachers who were not trained as peer educators.**

#### Question 5.6

What information would you like to know regarding HIV/AIDS?

- Majority of participants wanted to know about what the government is doing to mitigate the impact of HIV/AIDS in the country and why is it that the government is no longer investing much money in HIV/ADS programmes.
- They wanted to know if government does no longer regard HIV/AIDS as a threat.

#### Question 5.7

What kind of support would you want to get from peer educators?

- Majority of participants wanted peer educators to conduct awareness programmes more often.
- To also ensure that condoms for both males and females are available at their disposal and within their easy reach.
- Participants also required that information of importance be availed to them including important numbers to call in case of emergency or in case of need.
- They also require that policies be availed and simplified to the staff.

### 4.3 Summary

The research problem and the purpose of conducting this research was to assess and establish the reasons for limited or non-utilisation of staff peer education programmes unveiled by the Gauteng Department of Education for its school based and office based employees.

As there appeared to be a missing link between the Departments' noble idea and the intended beneficiaries of these programmes, with a resultant drag on effective implementation. Furthermore the study was centred on the following question: What are the factors that hinder the effective implementation of staff peer education programmes in Soweto Schools?

Therefore, in responding to the research question the questionnaires were designed and developed to assist the researcher to answer the research questions which were as follows:

- I. Are there any guidelines for the implementation of the staff peer education programmes in Gauteng Province?
- II. Are there any gaps in the implementation of staff peer education programmes for teachers?
- III. Do teachers know about staff peer education programmes available to them?
- IV. What are the reasons that lead to non-utilisation of staff peer education programmes by teachers?
- V. What are the perceptions of teachers on the implementation of staff peer education programmes in their schools?

Respondents responded to the questions which were outlined in the questionnaires to assist the researcher to answer the research questions. The above are the responses of the respondents to questions outlined in the questionnaires.

The researcher analysed the responses of the respondents and was therefore able to analyse the findings and furthermore answer the research questions. From the analyses of the findings the recommendations were therefore derived and tabled.

## Chapter 5: Recommendations, Limitations of the Study and Conclusion

### 5.1 Recommendations

The following key recommendations are suggested:

To ensure effective implementation of staff peer education programmes in all schools, it will be very critical for the Gauteng Department of Education to ensure the following:

- Develop guidelines that are measurable, achievable and implementable for the effective implementation of staff peer education programmes so that there will be common and uniformity in the way in which these programmes are implemented within the province.
- Develop a policy that will ensure that it holds all schools responsible and accountable for the effective implementation of the staff peer education programmes. This recommendation emanates from question 2.14 – 2.16, 3.9, 4.14 and question 4.16 which highlighted that 86, 7% of participants don't know who staff peer educators within their schools were and they also indicated that they don't know anything about the existence of staff peer education programmes within their schools, which is an indication that peer education programmes were not implemented in most schools if not in all schools. This point of view therefore calls for the Gauteng Department of Education to standardize and enforce the implementation of peer education programmes through circulars and policy formulation. Schools will be held responsible and accountable through these circulars and policy. This policy must enforce the implementation of the peer education programmes in all schools in the province by ensuring that the programme is catered for and included in school's management plans and year plans.
- It is also very critical for the Gauteng Department of Education to develop standardized provincial staff peer education manuals that will stipulate staff peer educator's roles and responsibilities and further properly ensure that it holds every employee accountable to advocate implementation of peer education programmes in their respective schools.
- There should be continuous and ongoing training and in-service programmes offered to staff peer educators which will ensure that staff peer education programmes are effectively implemented. Furthermore, the training will assist staff peer educators to update and upgrade their knowledge and skills which is necessary to effectively implement HIV/AIDS awareness programmes. The

research established that there were some gaps on the competencies of staff peer educators, which needs to be addressed to avoid turnover and burnout.

- Staff peer educators forums should be established, which will be conducted through provincial forums, district forums and cluster forums. These forums will ensure that all staff peer educators meet on a regular basis. The meetings should be designed in such a way that good practices are shared and also challenges in order to come up with solutions to address any challenges encountered in implementing the programmes.
- Ensure that staff peer educators are continuously monitored, supervised and supported by managers, district officials as well as by district wellness coordinators through availing resources in order to ensure that challenges that staff peer educators are encountering during the implementation of the programmes are addressed and that necessary emotional support is offered to them.
- Criteria for the selection of staff peer educators and the recruitment plan must be developed which will ensure equity and equality in representation of staff peer educators. In this study it was established that the age group 21-30 was not represented which then means it is necessary to recruit additional staff peer educators in this specific category.
- In order for staff education programmes to be known to other staff members of the schools and to ensure that the programmes are fully utilised by staff members for their own benefit and the benefit of their families, after staff peer educators are trained they should be publicly introduced to the members of staff and to the whole school community as the official school staff peer educators. Staff and community must be encouraged to utilise these programmes by clearly explaining the benefits, and advantages of these programmes to all the recipients of the programme. One other critical aspect is to clearly outline the roles and responsibilities of staff peer educators to the beneficiaries of these programmes.
- One other critical point is that when staff peer educators are recruited they should be sworn to confidentiality to ensure that the relationship of trust is developed and maintained between staff peer educators and other members of staff. This should be done just after their training and they should be made to pledge and be sworn in, in public when introduced to staff members.

- Discussions of this study revealed that there is a lot of ongoing challenges that the education sector is facing in relation to the implementation of staff peer education programmes. Another challenge that was highlighted is the development of guidelines to harmonize implementation of these programmes. It was therefore assumed that there were few solutions available to the challenges that are currently encountered reason being that according to Pearlman, Camberg, Symons and Finison, (2002) there is limited and few numbers of published articles and reports that investigates the impact HIV/AIDS peer education programmes has on peer educators themselves, therefore I suggest that further investigations on the subject be commissioned by the Gauteng Department of Education as further research is needed and necessary in order to come up with possible solutions to address the problems that were identified.
  
- Thereafter it is suggested that a further national research be conducted which will be on a large scale. The suggested study could be in a position to provide a national and overall overview as some provinces might be implementing the programmes more effectively than others the province chosen for this study could be one of those provinces not effectively implementing the staff peer education programmes.

## **5.2 Limitations of the Study**

There were some limitations to the study the researcher established.

- The participants of this research were drawn from a pool of teachers employed by the Gauteng Department of Education. They include peer educators appointed in the department who are stationed in and around Soweto schools. The findings of the study have been generalized based on the total population of the number of teacher and considering the number of participants or of the sample vis-a-vis the total number of teachers in the province or even in the region, although all teachers were afforded equal opportunities to partake as participants in the study. The findings therefore, may not be a true reflection hence there is a need for further studies to be conducted in the future.
  
- Due to time limitations, the researcher used only one data collection method. For the information gathered to be rich and more adequate it was necessary to integrate and use other data collection methods which would have allowed the researcher to probe for more information. This study only

made use questionnaires as data collection method which were personally delivered and collected at different schools by the researcher.

- Self-administered questionnaires have some disadvantages and one of its disadvantages is that they enable the researcher to probe for more information. The information that was gathered by the researcher through questionnaires was very limited.
- The research might have been bias, the reason being that random sampling was utilised and the researcher had a specific target group of sample in mind that were able to provide the required information as they conform to the criteria set by the researcher. However this type of sampling can be limiting especially if the target population is not easily reachable.
- The study was also conducted by teacher who was trained as a peer educator who was also a principal in one the schools within the Gauteng Department Education, who could not have been subjective in conducting this research. The researcher might also have be clouded by the information she personally have and therefore been bias.
- The data was collected in the third term of the schools calendar for this study, therefore the timing for data collection could not have been ideal or it could not have been perfect time to collect data as it was the time when educators were starting to prepare for learners' exams and assessments and for those educators who are studying they could have been preparing themselves for their own final exams.

### **5.3 Conclusion**

It is in this chapter where the research study is concluded. It basically outlines the recommendation and the limitations of this research as well as gives an overall conclusion on all aspects of this research.

Peer education programmes are designed to be of beneficial to the school's staff and the whole surrounding school's community. If effectively implemented it can assist in mitigating the effect of HIV/AIDS on teachers, other staff members and their families, learners, their parents and their families and the whole school's community which is one of the things it is supposed to achieve. The benefits of effective implementation of staff peer education programmes are such that they will be

beneficial as they will assist in ensuring that effective teaching and learning takes place, they will assist in improving on effective curriculum delivery as absenteeism will be minimised. It will also boost the morale of staff as the heavy burden staff member have been carrying will be lifted off their shoulders and they will be relieved. Staff within schools will be able to work in peace and harmony.

The results revealed that there is sluggish utilisation of staff peer education programmes as 60% of participants don't believe in discussing their HIV/AIDS status with their staff peer educator. The recommendations were made and if implemented the Gauteng Department of Education and its employees can benefit from these programmes. I therefore strongly suggest that the recommendations tabled be considered to ensure that the Gauteng Department of Education remains to be at the cutting edge of education and curriculum delivery.

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## Annexure A

### Questionnaire

Please tick the most appropriate answer

#### Section 1: Biographic Information

This section is to be answered by both teacher who were trained as peer educators and those who were not trained.

1.1 What is your gender?

Male	Female

1.2 What is your marital status?

Single	Married	Living with partner	Divorced	Widow

1.3 What is your race?

Black	Coloured	Indian	White

1.4 What is your age range?

20-30	31-40	41-50	51 and above

1.5 What is your highest educational qualification?

Diploma	Under Graduate Degree	Post Graduate Degree

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1.6 What is the nature of your school?

Primary School	Secondary School	Special School

1.7 Were you trained as a peer educator by the Gauteng Department of Education?

YES		NO	
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## Section 2: Knowledge of HIV/AIDS

2.1 There is a difference between HIV/AIDS.

Agree	Strongly agree	Disagree	Strongly disagree

2.2 HIV cause AIDS.

Agree	Strongly agree	Disagree	Strongly disagree

2.3 There is a cure for HIV/AIDS.

Agree	Strongly agree	Disagree	Strongly disagree

2.4 You have adequate knowledge about HIV/AIDS.

Agree	Strongly agree	Disagree	Strongly disagree

2.5 You can prevent the spread of HIV by using condoms all the time.

Agree	Strongly agree	Disagree	Strongly disagree

2.6 Wearing gloves is essential when assisting a person who is bleeding.

Agree	Strongly agree	Disagree	Strongly disagree

2.7 Having sexual intercourse with a virgin can cure HIV/AIDS.

Agree	Strongly agree	Disagree	Strongly disagree

2.8 You can pass HIV to your unborn child

Agree	Strongly agree	Disagree	Strongly disagree

2.10 A person infected with HIV/AIDS has poor resistance against diseases and can become sick a lot easier.

Agree	Strongly agree	Disagree	Strongly disagree

2.11 Women are more infected with HIV/AIDS than men

Agree	Strongly agree	Disagree	Strongly disagree

2.12 HIV/AIDS is not a problem in South Africa.

Agree	Strongly agree	Disagree	Strongly disagree

2.13 You can become HIV negative when taking antiretroviral treatment.

Agree	Strongly agree	Disagree	Strongly disagree

**This section is to be answered only by teachers who were not trained as peer educators.**

2.14 You know what staff peer education programmes are.

Agree	Strongly agree	Disagree	Strongly disagree

2.15 You are aware of staff peer education programmes in your school.

Agree	Strongly agree	Disagree	Strongly disagree

2.16 You know who the staff peer educator in your school is.

Agree	Strongly agree	Disagree	Strongly disagree

### Section 3: Attitudes

**This section is to be answered by both teacher who were trained as peer educators and those who were not trained.**

3.1 It is important to disclose your HIV status to someone.

Agree	Strongly agree	Disagree	Strongly disagree

3.2 It is important for people living with HIV to tell their sexual partner of their HIV status.

Agree	Strongly agree	Disagree	Strongly disagree

3.3 It is important to have one sexual partner.

Agree	Strongly agree	Disagree	Strongly disagree

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3.4 People who spread HIV knowingly should be charged with criminal offence.

Agree	Strongly agree	Disagree	Strongly disagree

3.5 HIV awareness campaigns are important in preventing the spread of HIV/ AIDS.

Agree	Strongly agree	Disagree	Strongly disagree

3.6 Antiretroviral treatment must be taken your whole life.

Agree	Strongly agree	Disagree	Strongly disagree

3.7 I can discuss my HIV/AIDS status with a staff peer educator.

Agree	Strongly agree	Disagree	Strongly disagree

3.8 I think the staff peer educator should plan all HIV/AIDS awareness activities and tell us what to do.

Agree	Strongly agree	Disagree	Strongly disagree

3.9 The staff peer educator is doing a good job in coordinating the HIV/AIDS awareness programmes.

Agree	Strongly agree	Disagree	Strongly disagree

## Section 4: Perceptions

4.1 HIV/AIDS are a disease associated with sexual intercourse.

Agree	Strongly agree	Disagree	Strongly disagree



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4.2 Abstinence is the precaution to take in order not to get infected with HIV.

Agree	Strongly agree	Disagree	Strongly disagree

4.3 Condoms make sex less enjoyable.

Agree	Strongly agree	Disagree	Strongly disagree

4.4 HIV/AIDS are going to be a serious threat to the human race in the future.

Agree	Strongly agree	Disagree	Strongly disagree

4.5 Modern treatment has transformed HIV into a manageable infection.

Agree	Strongly agree	Disagree	Strongly disagree

4.6 Younger people are more vulnerable to HIV infection than adults over 50 years.

Agree	Strongly agree	Disagree	Strongly disagree

4.7 People from poor communities are at higher risk of being infected with HIV than those in well to do communities.

Agree	Strongly agree	Disagree	Strongly disagree

4.8 Educated people are not at risk of contracting HIV as compared uneducated people.

Agree	Strongly agree	Disagree	Strongly disagree

4.9 HIV/AIDS is a private matter; I do not discuss it with anyone.

Agree	Strongly agree	Disagree	Strongly disagree

4.10 Peer education is a cost effective and powerful tool in the fight against HIV/AIDS.

Agree	Strongly agree	Disagree	Strongly disagree

4.11 I think peer education programmes are just a waste of time.

Agree	Strongly agree	Disagree	Strongly disagree

4.12 Peer education programmes have helped to reduce the rates of new infections.

Agree	Strongly agree	Disagree	Strongly disagree

4.13 A peer educator is my colleague therefore discussing with him/her anything about my private life it's like telling the whole world my life.

Agree	Strongly agree	Disagree	Strongly disagree

**This section has to be answered only by teachers who were trained as peer educators.**

4.14 My colleagues know what peer education programmes are.

Agree	Strongly agree	Disagree	Strongly disagree	Not sure

4.15 Do you ever meet with other peer educators to discuss HIV & AIDS programme related issues?

Yes		No	

4.16 How often do you meet with the district HIV & AIDS coordinators to discuss HIV & AIDS programme related issues?

Once a week	Once a month	Once a quarter	Once a year	Not at all

4.17 Have you been engaged in community outreach activities in the last 12 months or at any other time?

Yes	No

4.18 The training I received prepared me well for the position of a staff peer educator.

Agree	Strongly agree	Disagree	Strongly disagree

4.19 I always know about what I have to do as a staff peer educator.

Agree	Strongly agree	Disagree	Strongly disagree

4.20 I feel well supported by management, district officials and the head office as a staff peer educator.

Agree	Strongly agree	Disagree	Strongly disagree

4.21 I do get sufficient support and guidance from the district HIV/AIDS coordinator and head office in conducting peer education programmes.

Agree	Strongly agree	Disagree	Strongly disagree

## **Section 5: General Information**

**These questions are to be answered only by teachers who were trained as peer educators.**

- 5.1 Why did you become a peer educator?
- 5.2 How were you elected to be a peer educator?
- 5.3 What kind of support would you want to be given to effectively implement the peer education programmes?
- 5.4 Which information would you give to someone who is HIV positive regarding HIV/AIDS?
- 5.5 What type of challenges do you experience in implementing the peer education programme?

**These questions are to be answered only by teachers who were not trained as peer educators**

- 5.6 What information would you like to know regarding HIV/AIDS?
- 5.7 What kind of support would you want to get from peer educators?

**Thank you for your participation in this study**

## Annexure B



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### STELLENBOSCH UNIVERSITY

#### CONSENT TO PARTICIPATE IN RESEARCH

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#### **Peer education programmes in Soweto Schools: Employee perceptions, knowledge, attitudes and implementation challenges.**

You are asked to participate in a research study conducted by Miss Eva Ntlatleng, from the Africa Centre for HIV/AIDS Management at Stellenbosch University. The results of this research study will contribute towards the researcher's Master's level thesis as part of a requirement for the completion of the MPhil in HIV/AIDS Management programme. You were selected as a possible participant in this study because of your position as a teacher in one of the Soweto schools where the research will take place.

### **2 PURPOSE OF THE STUDY**

Determining the perceptions, knowledge, attitudes of teachers towards the staff peer education programmes and furthermore establishing the implementation challenges of staff peer education programmes in schools. The study wants to better understand the reasons behind slow uptake of staff peer education programmes unveiled by the Gauteng Department of Education for its employees. The study furthermore wants to assess the factors that hinder the effective implementation of staff peer education programmes in your School.

### **3 PROCEDURES**

If you volunteer to participate in this study, we would ask you to do the following things:

You will be asked to answer questions on the questionnaire provided. The questionnaire can be filled in during the time that is convenient to you. After completion of the questionnaire, the questionnaire can be emailed or faxed to the researcher or it can be collected by the researcher. Confidentiality, anonymity and privacy of data will be maintained at all times.

#### **4 POTENTIAL RISKS AND DISCOMFORTS**

There will be no risks or discomforts by sharing your details with us. This study is strictly confidential, no names will be required. A questionnaire will be provided to you to fill. Participants will be assured of the confidentiality, anonymity and privacy of data and that answers to the questionnaire is voluntary. In terms of convenience, the questionnaire can be filled in at any time that is convenient to the participant.

#### **5 POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

Although this study may not benefit the participant directly, the information obtained may help enlighten other educators about staff peer education programmes available at their schools and the benefits thereof. It will further shed more light on how to effectively implement staff peer education programmes and will further assist the Gauteng Department of Education in assessing the impact of the awareness campaigns held on HIV and AIDS and further assist to align and mainstream peer education programmes.

#### **6 PAYMENT FOR PARTICIPATION**

Unfortunately no form of remuneration will be offered for your participation in this research study.

#### **7 CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of no names or personal identifiers will be recorded in any of the questionnaires. In reporting the results, care will be taken not to report results in a way that would enable any participants to be identified and/or stigmatized in their views. Data will be stored in a safe place at all times. The researcher and her supervisor will be the only people having access to the data. All data collected will be destroyed after successful completion of the thesis, for the purpose of which it was collected. The anticipated period is after one (1) year. As mentioned previously, all questionnaires will be anonymous and no reference to your name or personal identifiers. Confidentiality and anonymity will be maintained throughout.

The purpose of the study is for the completion of an MPhil degree in HIV/AIDS Management and due to the requirements of the publishing of a thesis, the data collected, analyses and interpreted in this study will be

reported on. In the writing of the thesis, confidentiality, anonymity, and privacy of participants will be maintained at all times.

The data collected will only be used for the aforementioned purpose and will not be used in any way to evaluate your knowledge or the level of implementation of staff peer education at your school.

## **8 PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

## **9 IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact the researcher, Eva Ntlatleng at 073 440 9074/082 553 6644 at all times. If you have any questions or concerns regarding the research, feel free to contact the supervisor of my study, Estelle Heideman at 082 821 1230/ 051 401 2529/ [HeidemaEE@ufs.ac.za](mailto:HeidemaEE@ufs.ac.za) /[heidemanee@ufs.ac.za](mailto:heidemanee@ufs.ac.za)

## **10 RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [[mfouche@sun.ac.za](mailto:mfouche@sun.ac.za); 021 808 4622] at the Division for Research Development.

<b>SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE</b>
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The information above was described to me \_\_\_\_\_ in English and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

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**Name of Subject/Participant**

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**Date**

**SIGNATURE OF INVESTIGATOR**

I declare that I explained the information given in this document to \_\_\_\_\_. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

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**Signature of Investigator**

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**Date**



## Annexure C

### Permission to conduct research by the Gauteng Department of Education



#### GAUTENG PROVINCE

Department of Education  
REPUBLIC OF SOUTH AFRICA

For administrative use:  
Reference no. D2014/068

### GDE RESEARCH APPROVAL LETTER

<b>Date:</b>	16 May 2013
<b>Validity of Research Approval:</b>	16 May 2013 to 20 September 2013
<b>Name of Researcher:</b>	Ntlatleng E.
<b>Address of Researcher:</b>	2526 Lethulatshipi Street Naledi Extension P.O. Kwa-Xuma 1868
<b>Telephone Number:</b>	011 925 5514 / 073 440 9074 / 082 553 6644
<b>Fax Number:</b>	011 935 1131
<b>Email address:</b>	Eva.Ntlatleng@gauteng.gov.za entlatleng@webmail.co.za
<b>Research Topic:</b>	Peer education programmes in Soweto schools: Employee perceptions, knowledge, attitudes and implementation challenges
<b>Number and type of schools:</b>	TWO Primary; TWO Secondary and ONE LSEN school
<b>District/s/HO</b>	Johannesburg Central and Johannesburg North

#### **Re: Approval in Respect of Request to Conduct Research**

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

*2013/05/17*

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**Making education a societal priority**

#### **Office of the Director: Knowledge Management and Research**

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